



**CALL FOR MEASURES AND MEASURE CONCEPTS:**

**Cancer 2015 - 2017**

NQF is seeking new measures and concepts that specifically address conditions, treatments, interventions, or procedures relating to various forms of cancer. This project will build on the following topics and conditions addressed by the endorsed measures: breast, colon, lung, prostate and esophageal cancers; diagnosis; symptom management; and end of life care.

NQF is particularly interested in:

- measures of intermediate clinical outcomes or longer term health outcomes, including complications;
- composite performance measures;
- measures applicable to more than one setting;
- measures that capture broad populations, including children and adolescents where applicable;
- measures that are harmonized with similar measures; and,
- measures that are sensitive to vulnerable populations, including racial/ethnic minorities; and Medicaid populations.

This project launched **October 16, 2016**. The final measure submission deadline is **March 11, 2016**.

**BACKGROUND**

Cancer is the second most common cause of death in the US, accounting for nearly 1 of every 4 deaths.<sup>i</sup> In 2015, roughly 589,430 Americans are expected to die of cancer, or approximately 1,620 people per day.<sup>ii</sup> Nearly 14.5 million Americans with a history of cancer were alive on January 1, 2014.<sup>iii</sup> It is estimated that by January 1, 2024, the population of cancer survivors will increase to almost 19 million: 9.3 million males and 9.6 million females.<sup>iv</sup> The Agency for Healthcare Research and Quality (AHRQ) estimates a total of \$88.3 billion was spent on treatment of cancer in 2011, compared to \$56.8 billion in 2001 (in 2011 dollars).<sup>v</sup> Half (\$43.8b) of this cost is for ambulatory visits, \$31.0b is spent on hospital stays, \$10.0b on prescription medications, and \$2.9b on home health.<sup>vi</sup> In 2011, 6.7 percent of the U.S. adult population received treatment for cancer, compared to 4.8 percent of the population in 2001.<sup>vii</sup>

This project seeks to identify and endorse performance measures for accountability and quality improvement that address cancer. Currently, twenty-one(21) NQF-endorsed measures that are due for maintenance of endorsement review will be re-evaluated against the most recent NQF measure evaluation criteria. Specific conditions and topics addressed by endorsed measures include: breast cancer, colon cancer, chemotherapy, hematology, leukemia, prostate cancer, esophageal cancer, melanoma diagnosis, and symptom management. These maintenance measures will be reevaluated against the most recent NQF measure evaluation criteria along with newly submitted measures.

**MEASURE CONCEPTS**

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through [NQF's Measure Inventory Pipeline](#). This pipeline will serve as an important source of information for HHS and other stakeholders on new measure development in the



broader healthcare community. It will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures.

In an effort to capture comprehensive information on measures in development, NQF seeks input on several variables including:

- measure description;
- numerator statement;
- denominator statement (target population);
- planned use,
- stage of development; and
- other relevant information.

**Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Standing Committee against the NQF Criteria.** Submitted information will be catalogued by NQF and used to help inform the Standing Committee's measure gaps discussion. NQF will also share the information with HHS to inform CMS' Measure Inventory Pipeline, which is a reference for several stakeholders.

## MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- [Measure Submission Form](#) Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- [Measure Steward Agreement](#) Please note that no materials will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

## PROCESS PARTICIPATION

Measure developers are strongly encouraged to attend (either in person or via web/conference call) the following scheduled meeting dates to represent their measure(s) and respond to questions from the Committee and members of the public.

### Scheduled meeting dates

Meeting	Date/Time
<b>Standing Committee Orientation Webinar (2 hours)</b>	April 6, 2016 from 2pm – 4pm ET
<b>Workgroup Calls (2 hours)</b>	May 3, 2016 from 12 – 2pm ET May 5, 2016 from 1 – 3pm ET May 10, 2016 from 1 – 3pm ET May 12, 2016 from 1 – 3pm ET
<b>In-person Meeting (2 days in Washington, DC)</b>	May 18-19, 2016



**Post-meeting Follow-up Call (2 hours)**

May 27, 2016 1– 3pm ET

**Post Draft Report Comment Call (2 hours)**

August 11, 2016 from 1pm – 3pm ET

**Materials must be submitted using the online submission form by 6:00 pm, ET March 11, 2016.** If you have any questions, please contact Shaconna Gorham, Senior Project Manager, or Amber Sterling, Project Manager, at 202-783-1300 or [cancerem@qualityforum.org](mailto:cancerem@qualityforum.org).

***Conditions for Consideration:***

- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.<sup>1</sup>
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and [tested for reliability and validity](#). Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that [harmonization](#) with related measures and issues with competing measures have been considered and addressed, as appropriate.
- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all [criteria](#) is provided.

***Submission Guidance:***

- [Developer Guidebook](#):
  - A Developer Guidebook as has been created to assist developers in the measure submission and evaluation process. The Guidebook contains all the information developers need to know when submitting a measure to NQF.
- ICD-10-CM/PCS:
  - Beginning April 1, 2013 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. Click [here](#) for further information on this requirement.
- eMeasures:
  - Must be specified in the Heath Quality Measures Format (HQMF) and use the Quality Data Model (QDM) and value sets vetted through the National Library of Medicine's Value Set Authority Center (VSAC);
  - Review the [current measure evaluation criteria and guidance](#)
- Composite measures:
  - Please notify project staff if you plan to submit a composite measure

***Technical Assistance***

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<sup>1</sup> Measure stewards must execute a Measure Steward Agreement with NQF.



NQF project staff will provide technical assistance to measure developers at any time during the measure submission process up to the submission deadline. Contact the project team with any questions about the criteria, how to answer the questions in the form, any technical issues with the online submission process... or anything else!

## MEASURE SUBMISSION COMPLETENESS CHECKLIST

- ☐ Measure steward agreement or concept agreement is completed and signed
- ☐ All conditions for submission are met.
- ☐ There are responses in all fields on measure submission form (MSF) unless a particular item is not applicable as indicated in the item instructions.
- ☐ Attachments include: eMeasure specifications (S.2a) if applicable; data dictionary/code list (S.2b); Evidence and Measure Testing attachments.
- ☐ All URLs are active and accurate.
- ☐ Harmonization/competing measures: Did you present a plan for harmonization of the related/competing measures identified by staff during early identification/triage or justify submitting competing or non-harmonized measures? (see Harmonization process in the [Developer Guidebook](#)).
- ☐ Paired measures should be submitted on separate forms.
- ☐ An eMeasure must be specified in HQMF format, using QDM and value sets vetted through the VSAC.
- ☐ Composite performance measures: responses to the composite measure items are included.
- ☐ Both ICD-9 and ICD-10 codes are included

## RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure submission and evaluation, please see:

- [Submitting Standards Web Page](#)
- [Measure Evaluation Criteria and Guidance PDF](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Endorsement Maintenance Policy](#)
- [What Good Looks Like - Measure Submission Examples](#)
- [Composite Measure Evaluation Guidance Report](#)
- [Patient Reported Outcomes Report](#)
- [eMeasure Feasibility Report](#)
- [Reserve Status Policy](#)

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<sup>i</sup> American Cancer Society, Cancer Facts & Figures 2015.

<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>

<sup>ii</sup> American Cancer Society, Cancer Facts & Figures 2015.

<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>

<sup>iii</sup> American Cancer Society, Cancer Facts & Figures 2015.

<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>



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<sup>iv</sup> American Cancer Society, Cancer Treatment & Survivorship Facts & Figures.

<http://www.cancer.org/research/cancerfactsstatistics/survivor-facts-figures>

<sup>v</sup> Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey, June 2014. Statistical Brief #443: Trends in Use and Expenditures for Cancer Treatment among Adults 18 and Older, U.S. Civilian Noninstitutionalized Population, 2001 and 2011.

[http://meps.ahrq.gov/mepsweb/data\\_files/publications/st443/stat443.pdf](http://meps.ahrq.gov/mepsweb/data_files/publications/st443/stat443.pdf)

<sup>vi</sup> Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey, June 2014. Statistical Brief #443: Trends in Use and Expenditures for Cancer Treatment among Adults 18 and Older, U.S. Civilian Noninstitutionalized Population, 2001 and 2011.

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